



STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

RICA LEWIS-PAMON  
EXECUTIVE DIRECTOR

recd May 3

April 26, 2002

Centers for Medicare and Medicaid Services  
Julie Everitt, Project Officer  
7500 Security Boulevard  
Mail Stop S2-14-26  
Baltimore, MD 21244

RE: Mississippi Family Planning Waiver Application

Dear Ms. Everitt:

The State of Mississippi is responding to CMS' questions, dated February 14, 2002, concerning the application for a Family Planning Waiver. Medicaid responses to questions appear in italics.

**4.3:** In coming up with its target enrollment goal of 69,785, the state subtracted 84,725 women who are currently covered under Medicaid from their total family planning waiver eligible population of 162,010. The state needs to clarify how many of those 84,725 women covered under Medicaid are a) pregnant, and b) going to be eligible for the family planning waiver post-pregnancy? Subsequently, the state needs to explain how those figures will affect their target enrollment estimation of 69,785.

*The target population is all women of childbearing age at or below 185% of poverty. The 91,620 women 20-44 and 70,390 teens expected to be served is derived from Alan Guttmacher Institute figures by % poverty levels.*

*The total number of women in need of subsidized Family Planning Services was determined to be 162,010 computed by adding 91,620 women age 20-44 and 70,390 teens. The number of women of childbearing age which are currently covered by Medicaid (84,725) was then subtracted from this figure. An additional 7,500 teen age women which will be covered by CHIP were also subtracted from the total, resulting in 69,785 women in need of subsidized family planning services. Our data files reflect that 16,698 of the 84,725 women were pregnant and all 16,698 will be eligible for the family planning waiver post-pregnancy due to the 185% poverty level. The 16,698 pregnant women will not affect our target enrollment because they are included in the 84,725 women of childbearing age currently covered by the Medicaid program.*

Q.4: What is the advantage of enrolling individuals at a centralized location? Why not enroll locally also? Will the local agencies have access to the information input into the system?

U: *Individuals may apply for eligibility for family planning waiver services at any location that determines eligibility for Medicaid services (i.e., local offices of DHS, MSDH clinics, FQHCs, etc.) The applications will be forwarded to a central location for processing and*

*input in the Medicaid Eligibility Determination System. Once the application is processed and a Medicaid number assigned, any provider of Medicaid services can access the system to verify eligibility.*

**Q.6:** Please discuss how teens will be screened for full Medicaid benefits.

*At the time of application all information will be screened to determine if the applicant meets Medicaid eligibility criteria. If so, then the teen will be enrolled in the Medicaid program for full benefits. It should be noted that all teens below 200% poverty level are eligible for Medicaid benefits. In order for a teen to receive full Medicaid benefits, a parent's signature is required on the application.*

*In the instance where the teen appears to be fully eligible but does not want the parent to know about the application, the teen will get family planning services only. In order to get full benefits, the parent must apply for the teen if she lives at home with the parent(s) and parental income counts toward eligibility. For this waiver, we will be allowing the teen to apply on their own for family planning services only.*

**Q.8:** Since it is likely that there will be fluctuations in the income levels of enrolled women during the five year demonstration period, we believe that it is appropriate for the state to include a process to redetermine/recertify eligible women. Please explain how this process will be conducted?

*Once eligibility has been determined, a redetermination of eligibility will be required every 24 months. A simple self-declaration form, to include information about income, financial resources, family size and citizenship status will be used. This information will be incorporated into the existing intake form. Eligibility can be immediately determined. Postpartum women at or below 185% poverty level will receive 22 months of family planning eligibility.*

*Non-postpartum women will receive a full 24 months of Medicaid family planning eligibility.*

*It will be assumed that family planning services recipients will remain eligible for 24 months. At the end of their eligibility period, they may re-apply for coverage.*

*NOTE: Eligibility for the family planning waiver will be terminated if the woman moves out of state, has a permanent sterilization procedure, or becomes pregnant (she may apply with DHS for full Medicaid benefits).*

**Q.11:** How will the automated tracking system be set up?

*The State Department of Health has an automated tracking system. Private providers will be responsible for coordinating their services which will be reviewed through quality assurance reviews conducted by DOM.*

**Q.13:** The proposal states that an assessment of the existing family planning providers has been

conducted and it was determined that there are a sufficient number of providers to meet the needs of the waiver. Who conducted this assessment, when was it done, what was the focus?

*DOM conducted an assessment on October 25, 2001 of the existing Medicaid providers who provide family planning services. This assessment revealed that there are approximately 10,449 Medicaid providers who can meet the needs of the waiver.*

Q. 14: Your proposal indicates; "Every opportunity will be made available to educate providers as to their use and importance during the training and marketing services available through the waiver process." What types of training and marketing services does the state plan to use?

*The State Department of Health will provide training sessions on the use of risk assessment screening and case management forms. These sessions will be open to private providers of family planning services.*

OK  
Q. 16: The state plans to notify private providers primarily through an article in the monthly Medicaid provider bulletin. Unless all private providers who would be appropriate to recruit for delivery of family planning services under this waiver are already participating in Medicaid, it seems that another communication method is warranted, such as a direct letter from the DOM to private providers. Please discuss the necessity/feasibility of such a communication device. The state had mentioned that information about the program will be shared on routine provider visits. What is the average number of "routine provider visits" per year?

*Notifications will be placed in the professional journals and newspapers, as well as on the DOM website to notify current providers and/or potential providers. The average number of "routine" provider visits are from 1500 to 2000 per year.*

Q. 17: Is the state conducting the evaluation? You state that Jackson State will provide expertise to select the most appropriate evaluation methodology.

*DOM will contract with Jackson State University to conduct the evaluation. DOM will provide data and work with Jackson State to determine the most appropriate evaluation methodology.*

Q. 21: Please clarify your response on whether enrollment trends will remain constant. An expected constancy in the delivery system does not convey whether or not enrollment will stay constant. Is the state planning to cap enrollment on an annual basis? Please explain your rationale.

*DOM does not plan to cap the enrollment. Based on State Department of Health experience with their existing Family Planning Program and the experience gleaned from other states with a similar program, it was noted that enrollment does not fluctuate significantly.*

Q. 24: Please explain how you estimated a downward adjustment of 6% from 10% as opposed to some other percentage. Did the state use state-specific data? CMS originally asked for at

least two years of historical data in order to justify the 6% rate of averted births. We still have not received this information.

*The State used data provided by the State Department of Health. Assumptions were also made that a year's worth of family planning services to 21 women results in one averted birth based on national research estimates. Services are assumed to cost \$242.50 per person, per year. A 90/10 match is assumed on these expenditures. Each birth averted is assumed to save an average of \$5,000 (\$3,091 + \$1,888 prenatal care, delivery, and infant care). The MSDH served 95,535 clients in CY 1999; 4,549 pregnancies were averted (4,549 of 69,785 resulting in 6.5%). Several sources estimate that the approximate ratio of births averted to family planning clients served is 1 to 10%. The State could actually be a lot higher. We have adjusted our estimate downward from this to reflect the fact that some of the Expansion clients may have been receiving services elsewhere. We used state-specific data from the MSDH. All births averted by the project would result in savings to the Medicaid program. Savings per averted birth is estimated at \$3,091 for prenatal care, delivery, and routine medical care for the mother. This is a conservative estimate. Annual savings for a young child's health care are estimated at \$1,888. These estimates were based on current Medicaid reimbursement levels in Mississippi.*

Q.27. The family planning waiver materials that are distributed to the clients need to explain how people may access primary care. It is not enough to just send providers a directory of CHCs. Will any materials be provided to actual clients?

*As each client is enrolled a pamphlet will be mailed to them outlining how they may access primary care in addition to the family planning services. Family planning providers will also be given pamphlets to distribute to all patients receiving family planning services. The pamphlet will provide the Community Health Centers' locations and services offered.*

Q29: Please clarify how the state will evaluate or assess the impact of providing referrals for primary care services.

*The impact of providing referrals for primary care services will be determined through feedback from the community health centers, and through surveys, health fairs, and community meetings.*

Budget Neutrality Spreadsheet  
(refer to federal costs worksheet)

1. What is the basis for the number of women who delivered (17,000) and the number of infants requiring care (17,000)? It seems unrealistic that there would be a 1:1 ratio of deliveries to infants. Are these numbers based on actual claims data? If not, the state should use its data rather than estimate based on population size. Also, how did the state arrive at the assumption that the number of deliveries would increase from 17,000 in year 1 to 21,462 in year 5?

*As suggested in your previous correspondence, we have updated the Budget Neutrality Worksheets to reflect actual claims data. The numbers originally stated for women who*

*delivered (17,000) and number of infants requiring care (17,000) were simply estimates based on information taken from birth certificate data, and were not based on actual claims data. Please refer to the attached budget worksheet for these revisions.*

*The State arrived at the assumption that the number of deliveries would increase from 17,000 in year 1 to 21,462 in year 5 by using the ratio (6%) of births averted to family planning clients in the absence of the waiver.*

2. Why do the number of averted births remain constant for the last three years of the waiver? The state has made adjustments for persons without the waiver and for per capita costs. Wouldn't the number of averted births change from year to year?

*The number of averted births should not remain constant. With the presence of the waiver more clients are expected to be served from year to year. The correction has been made in the enclosed budget sheets.*

3. The state has included an administration costs line item under Expanded FP Service, as well as systems changes. You do not need to include administrative costs in its waiver budget, and can delete these line. However, please explain why the systems changes costs are \$20,000 in year one as opposed to \$20,000 for the remainder of the demonstration?

*It is anticipated that the majority of the systems changes would take place in Year 1 of the waiver. However, updates and revisions to the system are expected throughout the duration of the project, thus the need for some funding in subsequent years.*

4. Under the with waiver deliveries section, the persons without waiver line is different than the number of persons under the without waiver section. Why is this number lower in the with waiver section when you subtract out the averted births in the next line? Please explain.

*The number is lower in the with waiver section because births are being averted by providing family planning services to clients (55,246, 69,785, 69,785, etc.). Assumptions were made that in the absence of the waiver, deliveries would increase (6%), and that with the waiver, they would decrease (6%).*

5. The state assumes it will enroll approximately 79% of its target population (55,246 women) in its first year, and hit its target enrollment by year two. The state needs to clarify a) how it expects to hit its target within two years, and b) as in response to Questions 3 and 21 above, what revisions they may need to make in enrollment projections.

*The State expects to hit its target within two years through a massive media campaign, aggressive marketing and collaboration with Community Health Centers.*

6. Finally, the state estimates that the waiver enrollment will be 69,785 for years two through five. If enrollment is not projected to increase with each year that the waiver is in effect, the state needs to clarify how it can make the following assumptions: 1) the number of persons without waiver for whom the state covers delivery costs will decrease over the five years; and 2) despite the decrease in deliveries, the number of averted births in years 3, 4, and 5

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will remain constant.

*Please allow us to correct the Budget Neutrality Worksheet. Enrollment is projected to increase with each year that the waiver is in effect. Please refer to the attached budget worksheet.*

In addition, DOM revised the list of CPT codes and ICD-9 codes to be utilized for family planning services. These codes are provided in Attachment A and Attachment B. DOM has included as Attachment C the list of oral contraceptives that are applicable to this program.

Inquiries related to the above may be forwarded to Bo Bowen, Deputy Administrator for Health Services at (601) 359-6134.

Sincerely,



lyton

RLP/BB/pdw

enclosures

pc: Terrie Moms, Atlanta RO  
Bo Bowen, Deputy Administrator

Attachment A

Procedure Codes	Description
11976	Removal, implantable contraceptive capsules
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen[s] by brushing or washing [separate procedure]
49321	Laparoscopy, surgical; with biopsy [single or multiple]
57160	Fitting and insertion of pessary or other intravaginal support device
57170	Diaphragm or Cervical Cap Fitting with Instruction
57410	Pelvic examination under anesthesia
57505	Endocervical curettage [not done as part of a dilation and curettage]
57700	Cerclage of uterine cervix, nonobstetrical
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	Dilation of cervical canal, instrumental [separate procedure]
58100	Endometrial sampling [biopsy] with or without endocervical sampling [biopsy], without cervical dilation, any method [separate procedure]
58120	Dilation and curettage, diagnostic and/or therapeutic [nonobstetrical]
58140	Myomectomy, excision of fibroid tumor of uterus, single or multiple [separate procedure]; abdominal approach
58145	Vaginal approach
58300	Insertion of Intrauterine Device (IUD)
58301	Removal of intrauterine device
58340	Catheterization and introduction of saline or contrast material for hysterosonography or hysterosalpingography
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; [separate procedure]
58540	Hysteroplasty, repair of uterine anomaly [Strassman type]
58555	Hysteroscopy, diagnostic [separate procedure]
58558	Hysteroscopy, surgical; with sampling [biopsy] of endometrium and/or polypectomy, with or without D & C
58559	with lysis of intrauterine adhesions [any method]
58560	with division or resection of intrauterine septum [any method]
58561	with removal of leiomyomata
58605	Ligation or transection of fallopian tube [s], abdominal or vaginal approach, postpartum, unilateral Or bilateral, during same hospitalization [separate procedure]
58611	Ligation or transection of fallopian tube [s], when done at the time of cesarean section or intra-abdominal surgery [not a separate procedure]
58615	Occlusion of fallopian tube [s] by device [eg, band, clip, Falope ring] vaginal or suprapubic approach.
58670	with fulguration of oviducts [with or without transection]
58671	with occlusion of oviducts by device [eg, band, clip, or Falope ring]
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency [any method], with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58672	with fimbrioplasty
58752	Tubouterine implantation
58760	Fimbrioplasty
58825	Transposition, ovary [s]
58920	Wedge resection or bisection of ovary, unilateral or bilateral
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation

76856	Echography, pelvic [nonobstetric], B-scan and /or real time with image documentation; complete
76857	Limited or follow-up [eg, for follicles]
76872	Echography, transrectal
93975	Duplex scan or arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Limited study
99050	Services requested after office hours in addition to basic service
99201	Office or other outpatient visit for the evaluation and management of a new patient , which requires these three components: problem focused history; problem focused examination, and straightforward medical decision making.
99202	office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: An expanded problem focused history; and expanded problem focused examination; and straightforward medical decision making.
99203	Office or other outpatient visit for evaluation and management of a new patient , which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires decision making of moderate complexity
99205	Office or other outpatient visit for the evaluation and management of a new patient , which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.
99213	Office visit or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity
99214	Office visit or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components; a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
99241	Office consultation for a new or established patient. Which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making.
99242	Office consultation for a new or established patient, which requires these three components: An expanded problem focused history; and expanded problem focused examination; and straightforward medical decision making.
99243	Office consultation for a new or established patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.
99244	Office consultation for a new or established patient which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
99245	Office consultation for a new or established patient which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
11975	Insertion, Implantable Contraceptive Capsules



11977	Removal with Reinsertion, Implantable Contraceptive Capsules
J1050	Injection, Medroxyproesterone acetate, 100MG Injection, Medroxyprogesterone
J1055	Depo Provera
J7300	Intrauterine Copper Contraceptive
A4260	Levonrgestal (Contraceptive) Implants System
A4261	Cervical cap for contraceptive use

Attachment B

Diagnostic Codes	Description
V25	Encounter for Contraceptive Management
V250	General Counsel-Advicefor Contraceptive
V2501	Prescription of Oral Contraceptives
V2502	Initiation of 0th Contraceptive Device
V2509	0th Counsel & Advice for Contraceptive Management
V251	Insertion of IntrauterineContraceptive·
V252	Sterilization
V253	Menstual Extraction
V254	Surveillance of Prescribed Contraceptive
V2540	Uns Contraceptive Surveillance
V2541	Surveillance of Contraceptive Pill
V2542	Surveillance-IntrauterineContraceptive
V2543	Surveillance-Implanted Subdermal Contraceptive
V2549	Surveillance of 0th Contraceptive Method
V255	Insertion of Subdermal Contraceptive Implant
V258	0th Spec Contraceptive Management
V259	Uns Contraceptive Management
V26	Procreative Management
V260	Tuboplasty/Vasoplasty after Previous Sterilization
V261	Artificial Insemination
V262	Investigation-Testingfor Procreation Management
V2621	Fertility Testing
V2622	Aftercare <b>Follow</b> Sterilization Reversal
V2629	0th Investigation/Testing
V264	Gen Counsel-Advice For Procreative Management
V265	Sterilization Status
V2651	Tubal Ligation Status
V268	0th Spec Procreative Management

Drug Therapeutic Class 63 - Oral Contraceptives

Code Description

00008005601 - OVRAL-21 TABLET  
00008005602 - OVRAL-21 TABLET  
00008005603 - OVRAL-21 TABLET  
00008006201 - OVRETTE TABLET  
00008006202 - OVRETTE TABLET  
00008007501 - NORDETTE-21 TABLET  
00008007502 - NORDETTE-21 TABLET  
00008007801 - LO/OVRAL-21 TABLET  
00008007802 - LO/OVRAL-21 TABLET  
00008007803 - LO/OVRAL-21 TABLET  
00008091202 - ALESSE-21 TABLET  
00008251101 - OVRAL-28 TABLET  
00008251102 - OVRAL-28 TABLET  
00008251401 - LO/OVRAL-28 TABLET  
00008251402 - LO/OVRAL-28 TABLET  
00008251403 - LO/OVRAL-28 TABLET  
00008253301 - NORDETTE-28 TABLET  
00008253302 - NORDETTE-28 TABLET  
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00008253501 - TRIPHASIL-21 TABLET  
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00008253503 - TRIPHASIL-21 TABLET  
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00008253602 - TRIPHASIL-28 TABLET  
00008253603 - TRIPHASIL-28 TABLET  
00008253605 - TRIPHASIL-28 TABLET  
00008256401 - NORPLANT SYSTEM KIT  
00008257601 - ALESSE-28 TABLET  
00008257602 - ALESSE-28 TABLET  
00009074630 - DEPO-PROVERA 150MG/ML VIAL  
00009074631 - DEPO-PROVERA 150MG/ML VIAL  
00009074634 - DEPO-PROVERA 150MG/ML VIAL  
00009074635 - DEPO-PROVERA 150MG/ML VIAL  
00009348404 - LUNELLE CONTRACEPTIVE VIAL  
00009348405 - LUNELLE CONTRACEPTIVE VIAL  
00009348406 - LUNELLE 5-25MG/0.5ML SYR  
00009348410 - LUNELLE CONTRACEPTIVE VIAL  
00009737601 - DEPO-PROVERA 150MG/ML SYRN  
00009737602 - DEPO-PROVERA 150MG/ML SYRN  
00009737603 - DEPO-PROVERA 150MG/ML SYRN  
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00071090447 - NORLESTRIN 21 1/50 TABLET  
00071090535 - NORLESTRIN FE 1/50 TABLET  
00071090536 - NORLESTRIN FE 1/50 TABLET  
00071090539 - NORLESTRIN FE 1/50 TABLET  
00071090545 - NORLESTRIN FE 1/50 TABLET  
00071090735 - NORLESTRIN FE 2.5/50 TABLET  
00071090736 - NORLESTRIN FE 2.5/50 TABLET  
00071090738 - NORLESTRIN FE 2.5/50 TABLET  
00071091315 - LOESTRIN FE 1/20 TABLET  
00071091335 - LOESTRIN FE 1/20 TABLET  
00071091336 - LOESTRIN FE 1/20 TABLET  
00071091338 - LOESTRIN FE 1/20 TABLET  
00071091345 - LOESTRIN FE 1/20 TABLET  
00071091347 - LOESTRIN FE 1/20 TABLET  
00071091348 - LOESTRIN FE 1/20 TABLET  
00071091511 - LOESTRIN 21 1/20 TABLET  
00071091546 - LOESTRIN 21 1/20 TABLET  
00071091547 - LOESTRIN 21 1/20 TABLET  
00071091548 - LOESTRIN 21 1/20 TABLET  
00071091611 - LOESTRIN 21 1.5/30 TABLET  
00071091615 - LOESTRIN 21 1.5/30 TABLET  
00071091635 - LOESTRIN 21 1.5/30 TABLET  
00071091645 - LOESTRIN 21 1.5/30 TABLET  
00071091646 - LOESTRIN 21 1.5/30 TABLET  
00071091647 - LOESTRIN 21 1.5/30 TABLET  
00071091648 - LOESTRIN 21 1.5/30 TABLET  
00071091715 - LOESTRIN FE 1.5/30 TABLET  
00071091735 - LOESTRIN FE 1.5/30 TABLET  
00071091736 - LOESTRIN FE 1.5/30 TABLET  
00071091738 - LOESTRIN FE 1.5/30 TABLET  
00071091739 - LOESTRIN FE 1.5/30 TABLET  
00071091745 - LOESTRIN FE 1.5/30 TABLET  
00071091747 - LOESTRIN FE 1.5/30 TABLET  
00071091748 - LOESTRIN FE 1.5/30 TABLET  
00071092815 - ESTROSTEP FE-28 TABLET  
00071092847 - ESTROSTEP FE-28 TABLET  
00087057840 - OVCON-35 28 TABLET  
00087057841 - OVCON-35 28 TABLET  
00087057941 - OVCON-50 28 TABLET  
00087058342 - OVCON-35 21 TABLET  
00087058442 - OVCON-50 21 TABLET  
00107135115 - ORTHO-NOVUM 2MG TABLET  
00107135125 - ORTHO-NOVUM 2MG TABLET  
00107139022 - ORTHO-NOVUM 1/80 TABLET  
00107141101 - MICRONOR TABLET  
00107171222 - MODICON 21 TABLET  
00247059101 - DEPO-PROVERA 150MG/ML VIAL  
00247100328 - LO/OVRAL-28 TABLET  
00247100421 - LO/OVRAL-21 TABLET  
00304205621 - NELOVA 0.5/35-21 TABLET  
00304205628 - NELOVA 0.5/35-28 TABLET  
00304205721 - NELOVA 1/35-21 TABLET  
00304205728 - NELOVA 1/35-28 TABLET

00304210428 - NELOVA 1/50-28 TABLET  
00339651899 - DESOGESTREL/E. ESTRADIOL TAB  
00430058214 - OVCON-35 28 TABLET  
00430058311 - OVCON-35 21 TABLET  
00430058514 - OVCON-50 28 TABLET  
00454052121 - N.E.E. 0.5/35 TABLET  
00454052128 - N.E.E. 0.5/35 TABLET  
00454052828 - N.E.E. 0.5/35 TABLET  
00454102121 - N.E.E. 10/11 TABLET  
00454102128 - N.E.E. 10/11 TABLET  
00454102828 - N.E.E. 10/11 TABLET  
00454352121 - N.E.E. 1/35-21 TABLET  
00454352828 - N.E.E. 1/35-28 TABLET  
00454502121 - N.E.E. 1/50 TABLET  
00454502128 - NORETHIN/MESTRANOL 1-50 TAB  
00454502828 - N.E.E. 1/50 TABLET  
00536405544 - GENORA 1/35-21 TABLET  
00536405548 - GENORA 1/35-28 TABLET  
00536405644 - GENORA 1/50-21 TABLET  
00536405648 - GENORA 1/50-28 TABLET  
00536405744 - GENORA 0.5/35-21 TABLET  
00536405748 - GENORA 0.5/35-28 TABLET  
00536405844 - GENORA 1/35-21 TABLET  
00536405944 - GENORA 1/50-21 TABLET  
00537661344 - N.E.E. 0.5/0.035-21 TABLET  
00537661448 - N.E.E. 0.5/0.035-28 TABLET  
00537661544 - N.E.E. 1/35-21 TABLET  
00537661648 - N.E.E. 1/35-28 TABLET  
00537661744 - NORETHIN/MESTRANOL 1-50 TAB  
00537661848 - NORETHIN/MESTRANOL 1-50 TAB  
00555900858 - NORTREL 28 TABLET  
00555900957 - NORTREL 21 TABLET  
00555901058 - NORTREL 28 TABLET  
00710090111 - NORLESTRIN 21 2.5/50 TABLET  
00710090145 - NORLESTRIN 21 2.5/50 TABLET  
00710090146 - NORLESTRIN 21 2.5/50 TABLET  
00710090335 - NORLESTRIN 28 1/50 TABLET  
00710090336 - NORLESTRIN 28 1/50 TABLET  
00710090337 - NORLESTRIN 28 1/50 TABLET  
00710090411 - NORLESTRIN 21 1/50 TABLET  
00710090445 - NORLESTRIN 21 1/50 TABLET  
00710090446 - NORLESTRIN 21 1/50 TABLET  
00710090535 - NORLESTRIN FE 1/50 TABLET  
00710090536 - NORLESTRIN FE 1/50 TABLET  
00710090537 - NORLESTRIN FE 1/50 TABLET  
00710090735 - NORLESTRIN FE 2.5/50 TABLET  
00710090736 - NORLESTRIN FE 2.5/50 TABLET  
00710090737 - NORLESTRIN FE 2.5/50 TABLET  
00710091335 - LOESTRIN FE 1/20 TABLET  
00710091336 - LOESTRIN FE 1/20 TABLET  
00710091337 - LOESTRIN FE 1/20 TABLET  
00710091511 - LOESTRIN 21 1/20 TABLET  
00710091545 - LOESTRIN 21 1/20 TABLET  
00710091546 - LOESTRIN 21 1/20 TABLET  
00710091547 - LOESTRIN 21 1/20 TABLET

00710091611 - LOESTRIN 21 1.5/30 TABLET  
00710091645 - LOESTRIN 21 1.5/30 TABLET  
00710091646 - LOESTRIN 21 1.5/30 TABLET  
00710091735 - LOESTRIN FE 1.5/30 TABLET  
00710091736 - LOESTRIN FE 1.5/30 TABLET  
00710091737 - LOESTRIN FE 1.5/30 TABLET  
00710091747 - LOESTRIN FE 1.5/30 TABLET  
00710091753 - LOESTRIN FE 1.5/30 TABLET  
00839731658 - N.E.E. 1/35-21 TABLET  
00839731668 - N.E.E. 1/35-28 TABLET  
00905022106 - NORETHIN 1/35E-21 TABLET  
00905023106 - NORETHIN 1/35E-28 TABLET  
00905027721 - LEVORA-21 TABLET  
00905027928 - LEVORA-28 TABLET  
00905029128 - TRIVORA-28 TABLET  
00905043106 - NORETHIN 1/50 M-21 TABLET  
00905044106 - NORETHIN 1/50 M-28 TABLET  
17236046012 - N.E.E. 1/35-21 TABLET  
17236046028 - N.E.E. 1/35-28 TABLET  
42987010023 - NORINYL 1+50-21 TABLET  
42987010027 - NORINYL 1+50-21 TABLET  
42987010057 - NORINYL 1+50 TABLET  
42987010115 - NORINYL 1+50 TABLET  
42987010123 - NORINYL 1+50-21 TABLET  
42987010124 - NORINYL 1+50-28 TABLET  
42987010125 - NORINYL 1+50-21 TABLET  
42987010126 - NORINYL 1+50-28 TABLET  
42987010127 - NORINYL 1+50-21 TABLET  
42987010128 - NORINYL 1+50-28 TABLET  
42987010153 - NORINYL 1+50 TABLET  
42987010154 - NORINYL 1+50 TABLET  
42987010157 - NORINYL 1+50 TABLET  
42987010158 - NORINYL 1+50 TABLET  
42987010161 - NORINYL 1+50-28 TABLET  
42987010213 - NORINYL 1+80 TABLET  
42987010214 - NORINYL 1+80 TABLET  
42987010215 - NORINYL 1+80 TABLET  
42987010216 - NORINYL 1+80 TABLET  
42987010223 - NORINYL 1+80-21 TABLET  
42987010224 - NORINYL 1+80-28 TABLET  
42987010225 - NORINYL 1+80-21 TABLET  
42987010226 - NORINYL 1+80-28 TABLET  
42987010227 - NORINYL 1+80-21 TABLET  
42987010228 - NORINYL 1+80-28 TABLET  
42987010253 - NORINYL 1+80 TABLET  
42987010254 - NORINYL 1+80 TABLET  
42987010257 - NORINYL 1+80 TABLET  
42987010258 - NORINYL 1+80 TABLET  
42987010312 - NORINYL 2MG TABLET  
42987010320 - NORINYL 2MG TABLET  
42987010353 - NORINYL 2MG TABLET  
42987010719 - NOR-Q-D TABLET  
42987010813 - BREVICON 21 TABLET  
42987010823 - BREVICON 21 TABLET  
42987010827 - BREVICON 21 TABLET



42987010857 - BREVICON 21 TABLET  
42987010923 - NORINYL 1+35-21 TABLET  
42987010927 - NORINYL 1+35-21 TABLET  
42987010957 - NORINYL 1+35-21 TABLET  
42987011013 - BREVICON 21 TABLET  
42987011014 - BREVICON 28 TABLET  
42987011023 - BREVICON 21 TABLET  
42987011024 - BREVICON 28 TABLET  
42987011027 - BREVICON 21 TABLET  
42987011028 - BREVICON 28 TABLET  
42987011057 - BREVICON-21 TAB  
42987011058 - BREVICON 28 TABLET  
42987011061 - BREVICON 28 TABLET  
42987011115 - NORINYL 1+35-21 TABLET  
42987011116 - NORINYL 1+35-28 TABLET  
42987011123 - NORINYL 1+35-21 TABLET  
42987011124 - NORINYL 1+35-28 TABLET  
42987011125 - NORINYL 1+35-21 TABLET  
42987011126 - NORINYL 1+35-28 TABLET  
42987011127 - NORINYL 1+35-21 TABLET  
42987011128 - NORINYL 1+35-28 TABLET  
42987011153 - NORINYL 1+35-21 TABLET  
42987011154 - NORINYL 1+35-28 TABLET  
42987011157 - NORINYL 1+35-21 TABLET  
42987011158 - NORINYL 1+35-28 TABLET  
42987011161 - NORINYL 1+35-28 TABLET  
42987011423 - TRI-NORINYL 21 TABLET  
42987011427 - TRI-NORINYL 21 TABLET  
42987011457 - TRI-NORINYL 21 TABLET  
42987011523 - TRI-NORINYL 21 TABLET  
42987011524 - TRI-NORINYL 28 TABLET  
42987011527 - TRI-NORINYL 21 TABLET  
42987011528 - TRI-NORINYL 28 TABLET  
42987011557 - TRI-NORINYL 21 TABLET  
42987011558 - TRI-NORINYL 28 TABLET  
42987011561 - TRI-NORINYL 28 TABLET  
47202290921 - N.E.E. 1/35-21 TABLET  
47202291028 - N.E.E. 1/35-28 TABLET  
50419040203 - YASMIN 28 TABLET  
50419040603 - LEVLITE-21 TABLET  
50419040803 - LEVLITE-28 TABLET  
50419040872 - LEVLITE-28 TABLET  
50419041021 - LEVLEN 21 TABLET  
50419041112 - LEVLEN 28 TABLET  
50419041128 - LEVLEN 28 TABLET  
50419043006 - TRI-LEVLEN 21 TABLET  
50419043021 - TRI-LEVLEN 21 TABLET  
50419043106 - TRI-LEVLEN 28 TABLET  
50419043128 - TRI-LEVLEN 28 TABLET  
50419043203 - TRI-LEVLEN 21 TABLET  
50419043206 - TRI-LEVLEN 21 TABLET  
50419043303 - TRI-LEVLEN 28 TABLET  
50419043306 - TRI-LEVLEN 28 TABLET  
50419043312 - TRI-LEVLEN 28 TABLET  
51285001728 - AVIANE-28 TABLET

51285057628 - APRI TABLET  
52544023528 - NOR-Q-D TABLET  
52544025428 - BREVICON28 TABLET  
52544025928 - NORINYL 1+35-28 TABLET  
52544025988 - NORINYL 1+35-28 TABLET  
52544026528 - NORINYL 1+50-28 TABLET  
52544027428 - TRI-NORINYL 28 TABLET  
52544027721 - LEVORA-21 TABLET  
52544027928 - LEVORA-28 TABLET  
52544029128 - TRIVORA-28 TABLET  
52544038328 - ZOVIA 1/35E TABLET  
52544038428 - ZOVIA 1/50E TABLET  
52544050721 - NECON0.5/35-21 TABLET  
52544050821 - NECON 1/35-21 TABLET  
52544051021 - NECON 1/50-21 TABLET  
52544053221 - ZOVIA 1/35E TABLET  
52544053321 - ZOVIA 1/50E TABLET  
52544055028 - NECON0.5/35-28 TABLET  
52544055228 - NECON 1/35-28 TABLET  
52544055321 - NECON 10/11-21 TABLET  
52544055428 - NECON 10/11-28 TABLET  
52544055628 - NECON 1/50-28 TABLET  
52544063028 - MICROGESTIN FE 1/20 TABLET  
52544063128 - MICROGESTIN FE 1.5/30 TAB  
52544084721 - LOW-OGESTREL-21 TABLET  
52544084728 - LOW-OGESTREL-28 TABLET  
52544084828 - OGESTREL TABLET  
52959046004 - OVRAL-21 TABLET  
53002059401 - ORTHO-NOVUM 1/35-28 TABLET  
53002062806 - NELOVA 1/35-28 TABLET  
54092007121 - NORETHIN 1/35E-21 TABLET  
54092007128 - NORETHIN 1/35E-28 TABLET  
54092007221 - NORETHIN 1/50 M-21 TABLET  
54092007228 - NORETHIN 1/50 M-28 TABLET  
54092008721 - NORETHIN 1/35E-21 TABLET  
54092008821 - NORETHIN 1/50 M-21 TABLET  
54569047300 - LOESTRIN FE 1.5/30 TABLET  
54569047301 - LOESTRIN FE 1.5/30 TABLET  
54569047302 - LOESTRIN FE 1.5/30 TABLET  
54569066700 - LOESTRIN 1.5/30 TABLET  
54569066900 - NOR-Q-D TABLET  
54569066901 - NOR-Q-D TABLET  
54569067200 - DEMULEN 1/35-21 TABLET  
54569067300 - DEMULEN 1/35-28 TABLET  
54569067400 - DEMULEN 1/50-21 TABLET  
54569067500 - DEMULEN 1/50-28 TABLET  
54569067600 - OVCON-35 21 TABLET  
54569067800 - LO/OVRAL-21 TABLET  
54569067801 - LO/OVRAL-21 TABLET  
54569067802 - LO/OVRAL-21 TABLET  
54569067900 - LO/OVRAL-28 TABLET  
54569067901 - LO/OVRAL-28 TABLET  
54569067902 - LO/OVRAL-28 TABLET  
54569068000 - MODICON 28 TABLET  
54569068100 - NORDETTE TABLET

54569068101 - NORDETTE TABLET  
54569068200- NORDETTE TABLET  
54569068201 - NORDETTE TABLET  
54569068300- ORTHO-NOVUM 10/11-28 TABLET  
54569068400- ORTHO-NOVUM 1/35-21 TABLET  
54569068401 - ORTHO-NOVUM 1/35-21 TABLET  
54569068500- ORTHO-NOVUM 1/35-28 TABLET  
54569068501 - ORTHO-NOVUM 1/35-28 TABLET  
54569068502 - ORTHO-NOVUM 1/35-28 TABLET  
54569068600 - ORTHO-NOVUM 1/50-21 TABLET  
54569068601 - ORTHO-NOVUM 1/50-21 TABLET  
54569068700- ORTHO-NOVUM 1/50-28 TABLET  
54569068701 - ORTHO-NOVUM 1/50-28 TABLET  
54569068702- ORTHO-NOVUM 1/50-28 TABLET  
54569068800- ORTHO-NOVUM 7/7/7-21 TAB  
54569068801 - ORTHO-NOVUM 7/7/7-21 TAB  
54569068900- ORTHO-NOVUM 7/7/7-28 TAB  
54569068901 - ORTHO-NOVUM 7/7/7-28 TAB  
54569068902- ORTHO-NOVUM 7/7/7-28 TAB  
54569069000- OVRAL-21 TABLET  
54569069001 - OVRAL-21 TABLET  
54569069002 - OVRAL-21 TABLET  
54569069100 - OVRAL-28 TABLET  
54569069101 - OVRAL-28 TABLET  
54569069300- NORETHIN/MESTRANOL 1-80 TAB  
54569069400- TRI-PHASIL 6-5-10  
54569069401 - TRI-PHASIL 6-5-10  
54569069500- TRIPHASIL-28 TABLET  
54569069501 - TRIPHASIL-28 TABLET  
54569143800 - TRI-LEVLEN 21 TABLET  
54569143900 - TRI-LEVLEN 28 TABLET  
54569172100 - TRI-NORINYL 21 TABLET  
54569172101 - TRI-NORINYL 21 TABLET  
54569176600 - OVCON-35 28 TABLET  
54569178000 - TRI-NORINYL 28 TABLET  
54569178002 - TRI-NORINYL 28 TABLET  
54569178003 - TRI-NORINYL 28 TABLET  
54569186700 - NORLESTRIN FE 1/50-28 TAB  
54569239600 - NELOVA 1/35-21 TABLET  
54569239700 - NELOVA 1/35-28 TABLET  
54569239701 - NELOVA 1/35-28 TABLET  
54569239800 - NELOVA 1-50M-21 TABLET  
54569239900 - NELOVA 1-50M-28 TABLET  
54569239901 - NELOVA 1-50M-28 TABLET  
54569240000 - NELOVA 0.5/0.035-28 TABLET  
54569240400 - NELOVA 0.5/0.035-21 TABLET  
54569262300 - NORINYL 1+35-28 TABLET  
54569264900 - OVCON-50 28 TABLET  
54569264901 - OVCON-50 28 TABLET  
54569265000 - NORINYL 1+50-28 TABLET  
54569265001 - NORINYL 1+50-28 TABLET  
54569271100 - NELOVA 10/11-21 TABLET  
54569271200 - NELOVA 10/11-28 TABLET  
54569311500 - N.E.E. 1/35-28 TABLET  
54569325400- LOESTRIN FE 1/20 TABLET

54569325401 - LOESTRIN FE 1/20 TABLET  
54569370100 - DEPO-PROVERA 150MG/ML VIAL  
54569384400 - LEVLEN 28 TABLET  
54569418400 - NORETHIN 1/35E-28 TABLET  
54569420700 - ORTHO-CEPT 28 DAY TABLET  
54569420701 - ORTHO-CEPT 28 DAY TABLET  
54569422200 - DESOGEN 28 DAY TABLET  
54569422201 - DESOGEN 28 DAY TABLET  
54569426300 - DEPO-PROVERA 150MG/ML VIAL  
54569426900 - ORTHO TRI-CYCLEN 28 TABLET  
54569427300 - ORTHO-CYCLEN 28 TABLET  
54569471000 - LEVLITE-28 TABLET  
54569481700 - ZOVIA 1/35E TABLET  
54569487800 - APRI TABLET  
54569487801 - APRI TABLET  
54569489000 - MIRCETTE 28 DAY TABLET  
54569490400 - DEPO-PROVERA 150MG/ML SYRN  
54569499700 - LEVORA-28 TABLET  
54569499800 - LOW-OGESTREL-28 TABLET  
54569499900 - NECON 1/35-28 TABLET  
54569511500 - TRIVORA-28 TABLET  
54569516100 - NOR-Q-D TABLET  
54569527200 - LUNELLE CONTRACEPTIVE VIAL  
54569534300 - PLAN B 0.75MG TABLET  
54569534900 - YASMIN 28 TABLET  
54569535800 - NECON 0.5/35-28 TABLET  
54765003521 - NORCEPT-E 21 1/35 TABLET  
54765003528 - NORCEPT-E 28 1/35 TABLET  
54868040400 - DEMULEN 1/35-28 TABLET  
54868042800 - LO/OVRAL-28 TABLET  
54868044501 - ORTHO-NOVUM 7/7/7-28 TABLET  
54868050200 - LOESTRIN FE 1.5/30 TABLET  
54868050800 - ORTHO-NOVUM 7/7/7-21 TABLET  
54868050901 - OVCON-35 28 TABLET  
54868051600 - TRI-NORINYL 28 TABLET  
54868051800 - TRIPHASIL-28 TABLET  
54868051801 - TRIPHASIL-28 TABLET  
54868052801 - GENORA 1/35-28 TABLET  
54868052901 - GENORA 1/50-28 TABLET  
54868151200 - LOESTRIN FE 1/20 TABLET  
54868156400 - LEVLEN 28 TABLET  
54868260600 - ORTHO-CYCLEN 28 TABLET  
54868332800 - TRI-LEVLEN 28 TABLET  
54868361300 - DEPO-PROVERA 150MG/ML VIAL  
54868377200 - OVCON-50 28 TABLET  
54868379000 - DEMULEN 1/50-28 TABLET  
54868386300 - DESOGEN 28 DAY TABLET  
54868404500 - NECON 1/35-28 TABLET  
54868409300 - ORTHO TRI-CYCLEN 28 TABLET  
54868410000 - DEPO-PROVERA 150MG/ML SYRN  
54868410001 - DEPO-PROVERA 150MG/ML SYRN  
54868453800 - NECON 0.5/35-28 TABLET  
54868459000 - YASMIN 28 TABLET  
55081098400 - N.E.E. 1/35-21  
55081098500 - N.E.E. 1/35-28

55289024504 - OVRAL-4 TABLET  
55289024608 - LO/OVRAL-8 TABLET  
55289024708 - NORDETTE-8 TABLET  
55289025308 - LEVLEN 8 TABLET  
55947061921 - ORTHO-NOVUM 7/7/7-21 TABLET  
55947062021 - N.E.E. 1/35-21 TABLET  
55947062221 - DEMULEN 1/35-21 TABLET  
55947062421 - LO/OVRAL-21 TABLET  
57362055201 - NORETHIN/ETHIN ESTRA 11.035  
57362055202 - NORETHIN/ETHIN ESTRA 1/.035  
57362058501 - NORETHIN/MESTRANOL 1/0.05  
57362058502 - NORETHIN/MESTRANOL 1/0.05  
57362058510 - NORETHIN/MESTRANOL 1/0.05  
57362066201 - NORETHIN/ETHIN ESTRA 1/.035  
60322014521 - LEVORA-21 TABLET  
60322014728 - LEVORA-28 TABLET  
60346015928 - NORETHIN 1/35E-28 TABLET  
60346044828 - NELOVA 1/35-28 TABLET  
60346060128 - TRIPHASIL-28 TABLET  
60346060228 - ORTHO-NOVUM 7/7/7-28 TABLET  
60346071521 - OVRAL-21 TABLET  
63955001001 - PREVEN CONTRACEPTIVE KIT  
64836000001 - PLAN B 0.75MG TABLET

Budget Neutrality Worksheet for Mississippi  
**FEDERAL COSTS**

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>WITHOUT WAIVER</b>						
Deliveries						
Per Capita (77%)	\$ 2,380	\$ 2,451	\$ 2,525	\$ 2,601	\$ 2,679	
Persons	22,116	23,443	24,850	26,341	27,921	
Total	\$ 52,636,080	\$ 57,458,793	\$ 62,746,250	\$ 68,512,941	\$ 74,800,359	\$ 316,154,423
Infant Health Care						
Per Capita (77%)	\$ 1,454	\$ 1,498	\$ 1,543	\$ 1,589	\$ 1,637	
Persons	34,395	36,459	38,647	40,966	43,424	
Total	\$ 50,010,330	\$ 54,615,582	\$ 59,632,321	\$ 65,094,974	\$ 71,085,088	\$ 300,438,295
<b>Total Without Waiver</b>	<b>\$ 102,646,410</b>	<b>\$ 112,074,375</b>	<b>\$ 122,378,571</b>	<b>\$ 133,607,915</b>	<b>\$ 145,885,447</b>	<b>\$ 616,592,718</b>
<b>WITH WAIVER</b>						
Expanded FP Services						
Systems Changes (75%)						
Subtotal	\$ 15,000	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 30,000
	\$ 15,000	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 30,000
Per Capita (90%)	\$ 218.25	\$ 224.80	\$ 231.54	\$ 238.49	\$ 245.64	
Persons	55,246	69,785	73,972	78,410	83,115	
Subtotal	\$ 12,057,440	\$ 15,687,668	\$ 17,127,477	\$ 18,700,001	\$ 20,416,369	\$ 83,988,954
Total	\$ 12,072,440	\$ 15,691,418	\$ 17,131,227	\$ 18,703,751	\$ 20,420,119	\$ 84,018,954
Deliveries						
Per Capita (77%)	\$ 2,380	\$ 2,451	\$ 2,525	\$ 2,601	\$ 2,679	
Persons without Waiver	22,116	20,789	19,542	18,369	17,267	
Averted Births	0	4187	4438	4705	4987	
Total	\$ 52,636,080	\$ 40,691,502	\$ 38,137,600	\$ 35,540,064	\$ 32,898,120	\$ 199,903,366
Infant Health Care						
Per Capita (77%)	\$ 1,454	\$ 1,498	\$ 1,543	\$ 1,589	\$ 1,637	
Persons without Waiver	34,395	32,331	30,391	28,568	26,854	
Averted Births	0	4187	4438	4705	4987	
Total	\$ 50,010,330	\$ 42,159,712	\$ 40,045,479	\$ 37,918,307	\$ 35,796,279	\$ 205,930,107
<b>Total With Waiver</b>	<b>\$ 114,718,850</b>	<b>\$ 98,542,632</b>	<b>\$ 95,314,306</b>	<b>\$ 92,162,122</b>	<b>\$ 89,114,518</b>	<b>\$ 489,852,427</b>
<b>DIFFERENCE</b>	<b>\$ (12,072,440)</b>	<b>\$ 13,531,743</b>	<b>\$ 27,064,265</b>	<b>\$ 41,445,793</b>	<b>\$ 56,770,929</b>	<b>\$ 126,740,291</b>

\*The numbers are based on FY 99 expenditures.

Budget Neutrality Worksheet for Mississippi  
ALL COSTS

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>WITHOUT WAIVER</b>						
Deliveries						
Per Capita	\$ 3,091	\$ 3,184	\$ 3,280	\$ 3,378	\$ 3,479	
Persons	22,116	23,443	24,850	26,341	27,921	
Total	\$ 68,360,556	\$ 74,642,512	\$ 81,508,000	\$ 88,979,898	\$ 97,137,159	\$ 410,628,125
Infant Health Care						
Per Capita	\$ 1,888	\$ 1,945	\$ 2,003	\$ 2,063	\$ 2,125	
Persons	34,395	36,459	38,647	40,966	43,424	
Total	\$ 64,937,760	\$ 70,912,755	\$ 77,409,941	\$ 84,512,858	\$ 92,276,000	\$ 390,049,314
<b>Total Without Waiver</b>	<b>\$ 133,298,316</b>	<b>\$ 145,555,267</b>	<b>\$ 158,917,941</b>	<b>\$ 173,492,756</b>	<b>\$ 189,413,159</b>	<b>\$ 800,677,439</b>
<b>WITH WAIVER</b>						
Expanded FP Services						
Systems Changes						
Subtotal	\$ 20,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 40,000
	\$ 20,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 40,000
Per Capita	\$ 242.50	\$ 249.78	\$ 257.27	\$ 264.99	\$ 272.94	
Persons	55,246	69,785	73,972	78,410	83,115	
Subtotal	\$ 13,397,155	\$ 17,430,897	\$ 19,030,776	\$ 20,777,866	\$ 22,685,408	\$ 93,322,103
Total	\$ 13,417,155	\$ 17,435,897	\$ 19,035,776	\$ 20,782,866	\$ 22,690,408	\$ 93,362,103
Deliveries						
Per Capita	\$ 3,091	\$ 3,184	\$ 3,280	\$ 3,378	\$ 3,479	
Persons without Waiver	22,116	20,789	19,542	18,369	17,267	
Averted Births	0	4187	4438	4705	4987	
Total	\$ 68,360,556	\$ 52,860,768	\$ 49,541,120	\$ 46,156,992	\$ 42,722,120	\$ 259,641,556
Infant Health Care						
Per Capita	\$ 1,888	\$ 1,945	\$ 2,003	\$ 2,063	\$ 2,125	
Persons without Waiver	34,395	32,331	30,391	28,568	26,854	
Averted Births	0	4187	4438	4705	4987	
Total	\$ 64,937,760	\$ 54,740,080	\$ 51,983,859	\$ 49,229,369	\$ 46,467,375	\$ 267,358,443
<b>Total With Waiver</b>	<b>\$ 146,715,471</b>	<b>\$ 125,036,745</b>	<b>\$ 120,560,755</b>	<b>\$ 116,169,227</b>	<b>\$ 111,879,903</b>	<b>\$ 620,362,102</b>
<b>DIFFERENCE</b>	<b>\$ (13,417,155)</b>	<b>\$ 20,518,522</b>	<b>\$ 38,357,186</b>	<b>\$ 57,323,529</b>	<b>\$ 77,533,256</b>	<b>\$ 180,315,337</b>

\* The numbers are based on FY 99 expenditures.